Methodology of Compliance Oversight, and Frequency

1. Method of Compliance Oversight.

State: District of Columbia

- a. The initial implementation of Section 1902(a)(68) of the Act shall include the annual dissemination to all entities a copy of the District of Columbia False Claims Act, (D.C. Official Code §2-308.14, as amended), and other relevant laws, rules or regulations along with a Medical Assistance Administration false claims education policy letter indicating mandatory compliance pursuant to Section 1902(a)(68) and an enclosed explanation of the requirements.
- b. Each entity shall submit to the Medical Assistance Administration a letter of compliance calendar years 2007 and 2008, on or before January 1, 2009, and thereafter, on or before the first day of each succeeding calendar year for the period covering the prior calendar year. The letter of compliance shall be signed by the Chief Executive or Chief Operating Officer of the entity, certifying that all of the requirements of the Medicaid State Plan have been met.
- 2. Frequency of State Assessment of Ongoing Compliance by Entities.
 - on an annual basis to commence on the second anniversary following the Medical Assistance Administration's initial implementation date of Section 1902(a)(68), each entity will be required to submit an annual false claims education certification letter to the Medical Assistance Administration, stating that the entity has provided continuing education for false claims education during the prior twelve (12) months.
 - b. The annual false claims education certification letters will be maintained by the Medicaid agency for review by CMS upon request.
 - c. Those parts of District of Columbia government that are entities will be provided with an annual update of the false claims education policy notice under the requirements of Section 1902(a)(68) including any changes or amendments in the requirements, the District of Columbia False Claims Act, other relevant laws, rules, and regulations.
 - d. Annually beginning in calendar year 2008, the Medical Assistance Administration will randomly select a minimum of five (5) entities for focused audit and compliance with Section 4.42. The selected entities will be required to provide written documentation of their compliance with Section 4.42 and 1902(a)(68) of the Act. Such documentation will be used as the basis for a desk and/or on-site audit of each selected entity to verify annual compliance with Section 4.42.
 - e. Over a ten year period beginning with implementation of Section 4.42 each entity shall be audited at least once but not more than five (5) times within the ten year period.

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